

CLAIMANT'S NAME Scott Kernan		SSN or EMPLOYEE NUMBER on file		DEPARTMENT	
POSITION Undersecretary		CB/D No.		DIVISION or BUREAU CDCR	
RESIDENCE ADDRESS on file		HEADQUARTERS ADDRESS Office of the Secretary		INDEX NUMBER 4300	
CITY		STATE		TELEPHONE NUMBER 323-6001	
ZIP CODE		CITY Sacramento		STATE CA	
				ZIP CODE 95811	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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[illegible]**CLAIM TOTAL**

\$0.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

[15] I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____